International Confederation of Midwives

ICM Essential Competencies for Midwifery Practice

2024

ICM Essential Competencies (2024)

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Introduction

The International Confederation of Midwives (ICM) Essential Competencies for Midwifery Practice (2024) outline the minimum set of knowledge, skills and professional behaviours required to use the designation of midwife as defined by ICM (1) when entering midwifery practice. The Competencies are presented in five categories that set out those competencies considered to be essential and that "represent those that should be an expected outcome of midwifery pre-service education" (2). The Competencies are linked to authoritative clinical practice guidance documents used by the World Health Organization" (3-16) and ICM's core documents and position statements (17).

Guidance documents undergo revision based on ever-evolving research. ICM's Essential Competencies are also evaluated and amended regularly (now a regular five-year review cycle) to include emerging relevant evidence concerning sexual, reproductive, maternal, newborn and adolescent health care (SRMNAH) and midwifery practices. The Competencies presented in this document have been updated through such a review process.

The Evolution of the Essential Competencies

ICM's *Essential Competencies for Basic Midwifery Practice* were first developed in 2002 and updated in 2010, 2013 and 2019. Between 2014 – 2017 the competencies were reviewed through a research study led by a team from the University of British Columbia (UBC), Canada (18) and supported by a core working group of midwifery educators (19) and a taskforce of stakeholders (20).

In 2019, two consultants, a learning designer (21) and a midwife educational expert (22), were contracted to revise the format of the draft framework (2017) and draft competencies with the aim of increasing the accessibility, usability, and measurability of the framework by multiple audiences. Changes were based on the 2017 draft competencies and retained their integrative approach. The consultants redesigned the framework, and reworded and reorganised the competencies, drawing on ICM's core documents (17) and position statements to ensure alignment. The final version, renamed as ICM Essential Competencies for Midwifery Practice, was completed in April 2018 and accepted by the Board in May 2018. In August 2019 a further update was made to correct an error in competency 4e (skills and behaviours section) of the English version.

In 2023 ICM commenced its five-year review and update of the competency framework to reflect changes in midwifery practices, ICM core documents and position statements, guidance documents, climate adaptation and humanitarian issues. A learning design consultant and midwifery education expert were contracted to undertake an iterative review and modified Delphi process involving two rounds of feedback from ICM Member Associations, midwifery educators, midwifery regulators, ICM Regional Professional Committees, the ICM Board and partner organisations, including WHO and UNFPA.

A comparison between the 2019 and 2024 Essential Competencies

Between 2019 and 2024, the primary change to the Essential Competencies was the addition of category 2 focusing specifically on sexual and reproductive health and rights (SRHR), contraception and pre-conception care. The 2019 ICM Essential Competencies addressed SRHR; however, with new guidance documents published by the World Health Organization (WHO) and requests for more clarity and specificity regarding SRHR competencies the new category was added, described in the table below:

2019		2024	
	Title		**Title**
Category 1	General competencies	**Category 1**	Cross-functional Competencies for Midwifery Practice
		Category 2	Sexual and Reproductive Health and Rights
Category 2	Pre-pregnancy and antenatal	**Category 3**	Antenatal Care
Category 3	Care During Labour and Birth	**Category 4**	Care During Labour and Birth
Category 4	Ongoing Care of Women and Newborns	**Category 5**	Ongoing Care of Women and Newborns

With the additional category the total overall competencies increased from 31 in 2019 to 37 in 2024. There was also an increase in the overall number of knowledge (from 132 to 245), skills and behaviours (from 186 to 293) indicators to address the addition of the new category and new information provided through key guidance documents.

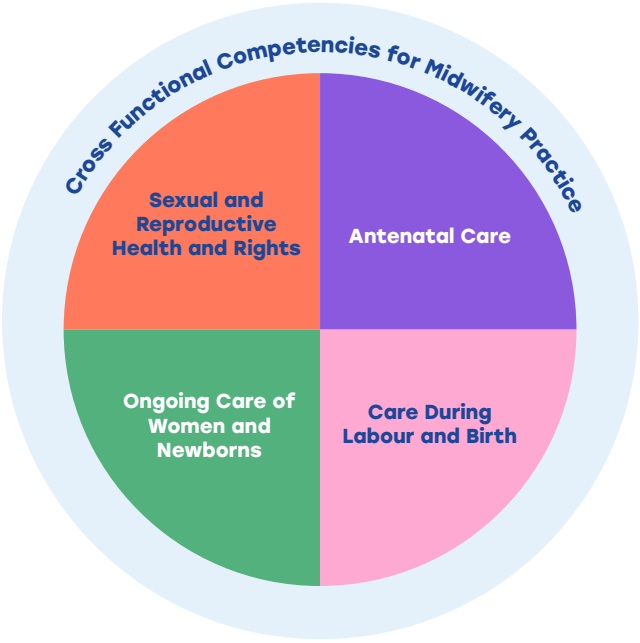
It is important to note that the ICM International Definition and Scope of Practice of the Midwife remains the same. Even with the additional category, competencies and supporting knowledge, skills and behaviour indicators there is no increase to the ICM Scope of Practice of the midwife. Instead, the additions and revisions to the Essential Competencies provide more specificity and clarity on the requirements for a midwife graduate to practise across the full scope at a level necessary for entry to practice.

Midwife Scope of Practice and the Competencies

The ICM International Definition and Scope of Practice of the Midwife sets out the boundaries of what a midwife can do on their own responsibility. *The Essential Competencies for Midwifery Practice (2024)* set out the knowledge, skills, and behaviours that midwives need to have to be able to work across the full scope of practice at the point of entry to the profession. **They are a minimum standard, and all midwives should maintain at least this minimal level of competence across their professional careers.**

While it is recognised that midwives will gain additional competencies throughout their careers, related to the context in which they are working, the Essential Competencies are not focused on a particular work setting but rather what midwives need to be able to do to work across the scope of practice. Similarly, midwives will become more proficient as they gain experience as midwives, but the expectation of the Essential Competencies is that they are entry level and a minimal standard for all qualified midwives.

The Structure of the Essential Competencies


Cross Functional Competencies for Midwifery Practice
Sexual and Reproductive Health and Rights
Antenatal Care
Ongoing Care of Women and Newborns
Care During Labour and Birth

There are five categories of competencies. Category 1 is a set of cross-functional competencies that apply to each of the other four categories. They are categorised in this way to prevent the need to duplicate in the other categories. Category 1 competencies relate to the midwife's autonomy and accountability as a health professional, the relationships with women and other care providers, and care activities that apply to all aspects of midwifery practice. Categories 2 to 5 are more specific in outlining the midwife's competence across the scope of practice.

- **Category 1:** Cross Functional Competencies for Midwifery Practice
- **Category 2 (new):** Sexual and Reproductive Health and Rights
- **Category 3:** Antenatal Care
- **Category 4:** Care During Labour and Birth
- **Category 5:** Ongoing Care of Women and Newborns

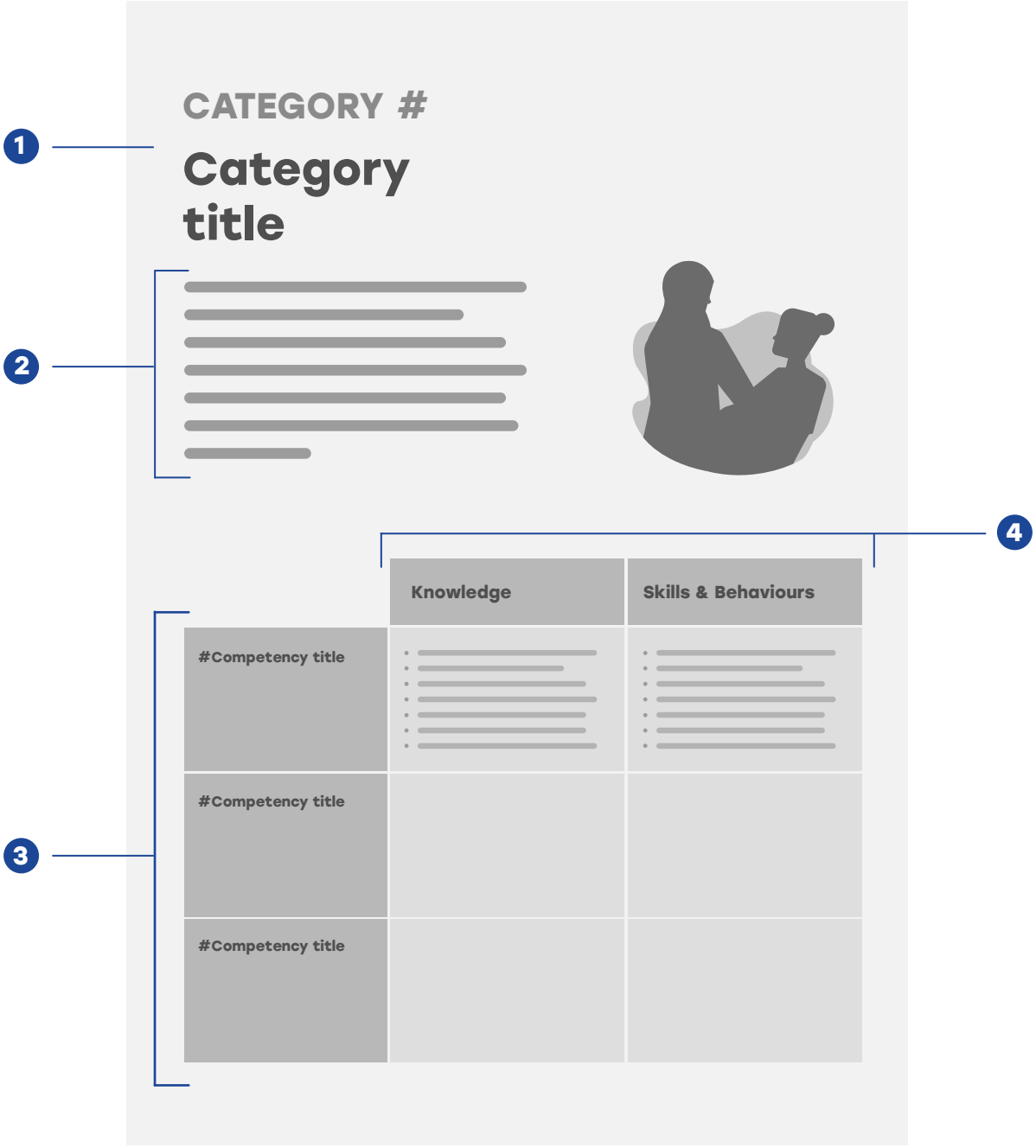
It is important to remember that, when reading any category, the competencies in Category 1 also apply.

There are 37 competency statements that are written as holistic statements of competence that reflect the ICM's Philosophy and Model of Midwifery Care in addition to the ICM International Definition and Scope of Practice of a Midwife.

Each competency statement is further described by a list of knowledge, skills and behavioural indicators that provide guidance on what is required to achieve the competency. These components are not exhaustive, but they are the minimum required to achieve competence. The knowledge, skill and behavioural indicators represent the key components required to achieve the competency but depending on context and practice requirements within each country there may be a need for additional indicators. ICM encourages midwifery educators, regulators, and policy makers to add to these indicators as needed to meet the in-country practice requirements.

Please note: The examples listed in the indicators are to guide the interpretation of the indicator and competency. These examples are meant to provide guidance and are not exhaustive.

Explanation of Competency Components



1 CATEGORY

2 DESCRIPTORS

Category descriptors outline the primary focus of each category. The high-level description acts as a linking mechanism between the category and the competencies clearly showing the relationship between the higher order groupings (i.e. categories) and the more detailed information concerning the actual competencies (i.e the competency description and its associated components/indicators).

3 COMPETENCY

4 INDICATORS

Each competency is accompanied by a list of indicators that outline the necessary knowledge, skills and behaviours required to achieve the performance measure of the competency. In formulating indicators, skills and behaviours are grouped together since they are the observable components of a competency. Indicators for attitudes were not stipulated since attitudes are not easily observable or measurable.

Language

The ICM *Essential Competencies for Midwifery Practice (2024)* uses the words women and woman throughout, reflecting the biology and identity of the vast majority of those who are childbearing. For the purposes of the competencies, these terms include girls, adolescent girls and people whose gender does not correspond with their birth sex or who may have a non-binary identity. All those receiving care from a midwife should receive individualised, respectful care including the use of the gender nouns and pronouns they prefer (23).

Using the Competencies

There is no single purpose for using the ICM Essential Competencies for Midwifery Practice (2024). The Competencies are intended to support the development of midwifery services worldwide and as such can be used by a variety of stakeholders and in multiple ways.

Here are a few examples of how people have used the framework:

- Governments to establish/strengthen midwifery services in-country and define the midwifery scope of practice,
- Midwives' associations to advocate for the strengthening of the midwifery profession and to create continuing education opportunities for their members,
- Midwife educators to create midwifery programmes of study (e.g. Bachelor of Midwifery),
- Midwifery regulators to prescribe the scope of practice and establish the minimum competency requirements for entry to practice,
- Midwives to guide them in their practice and continuing education development,
- Students to assess themselves against the requirements for competent practice,
- Midwife consultants and stakeholders for the establishment and evaluation of midwifery services.

The ICM encourages midwives' associations and all persons providing maternal and newborn care to continue to use the Essential Competencies to advocate for the education, regulation and continuing competence of midwives globally.

CATEGORY 1

Cross-Functional Competencies for Midwifery Practice

Competencies in this category are about the midwife's autonomy and accountabilities as a health professional, the relationships with women and other care providers, and care activities that apply to all aspects of midwifery practice. Cross-functional Competencies apply across each of the other Competency categories: 2, 3, 4 and 5.

	Knowledge	Skills & Behaviours
1.a **Assume responsibility for own decisions and actions as an autonomous practitioner within the midwifery scope of practice**	• Principles and concepts of autonomy, accountability and transparency • Personal beliefs, biases and norms and their influence on practice • Knowledge of evidence-based practices • Scope of practice of the midwife and the roles and responsibilities of midwives • ICM Philosophy of midwifery care and model of midwifery care • National professional standards for midwives • National professional organisation for midwives • Global, national and local laws and ethical guidelines governing the practice of midwives • Placement of midwife within the health system (e.g. contextual issues in health systems related to decentralised level of care, scope of practice, and issues related to geographies where there are inadequate health workforce numbers)	• Demonstrate behaviour that upholds the public trust in the profession • Participate in self-evaluation, peer review and other quality improvement activities • Demonstrate behaviour that reflects the ICM Philosophy and Model of Midwifery Care • Balance the responsibility of the midwife to provide best care with the autonomy of the woman to make her own decisions • Explain the midwife's role in providing care that is based on relevant law, ethics, and evidence • Demonstrate adherence to professional standards, ethical standards and professional codes of conduct • Analyse situations, assess risks, and make informed decisions independently within scope of practice • Recognise boundaries of scope of practice and consult/ refer to midwife colleagues and/or registered healthcare professionals if the needs of the woman and/or baby are beyond scope of practice • Take responsibility for decisions and actions and document

	Knowledge	Skills & Behaviours
1.b **Assume responsibility for continuing education and personal wellbeing as a midwife**	• Strategies for managing personal safety particularly within the facility or community setting • Strategies for personal wellbeing and care-of-self-practices to maintain physical, mental and emotional health • Self-regulation and reflective practice • Continuing education opportunities (e.g. online platforms, workshops, mentoring, etc.) to support professional development • Strategies for setting and implementing continuous learning goals	• Self-management in relation to time, uncertainty, change and coping with stress • Assume responsibility for personal safety in various practice settings • Maintain up-to-date skills and knowledge concerning protocols, guidelines and safe practice • Engage in self-reflective practice • Remain current in practice by participating in continuing professional education • Identify and address limitations in personal knowledge, (clinical) skills, behaviour and/or experience • Develop personal career/ development plan
1.c **Adapt to and adopt new and emerging technologies that have been proven to enhance midwifery practice and care**	• Applications and the impact of health care technology on midwifery practice and on maternal and newborn outcomes (e.g. electronic health records, telehealth platforms, remote monitoring devices, AI supported technology) • Ethical challenges and risks (e.g. principles of confidentiality and data protection/security; implementation of technology that does not have a robust evidence base) when using health care technology in midwifery care • Adaptation strategies where technology fails or is interrupted	• Critically analyse the use and impact of new health care technologies within the scope of midwifery practice • Demonstrate appropriate use of health care technologies and platforms available for use within the scope of midwifery practice • Interpret and respond to data generated by health care technologies (e.g. remote monitoring devices) • Ensure consent and data protection when using digital and/or AI supported technologies

	Knowledge	Skills & Behaviours
1.d **Appropriately delegate and oversee aspects of care**	• Legal and regulatory frameworks related to delegation of responsibilities of care and supervision in midwifery practice • Supportive strategies to supervise others • Roles and preparation of midwives as preceptors, mentors, supervisors, and role models	• Provide oversight to ensure that practice is aligned with evidence-based clinical practice guidelines • Demonstrate skills of clinical preceptorship, mentoring and role modelling • Delegate, document and monitor tasks relevant to the needs of the woman and newborn to other healthcare professionals based on the boundaries of their practice • Collaborate and communicate effectively with other health care professionals
1.e **Use research to inform practice**	• Relevance of using research and evidence-based practice • Epidemiologic concepts relevant to women's health as well as sexual, reproductive, maternal, newborn and adolescent health • Global recommendations for practice and their evidence base (e.g. World Health Organization guidelines)	• Integrate current critically appraised evidence into practice • Apply midwifery-related research to midwifery practice • Critically evaluate the reliability and applicability of midwifery related research • Communicate the findings of relevant research to professional and non-midwife audiences, including women and their families • Participate in the development and updates of policies and guidelines to implement evidence-based practice

	Knowledge	Skills & Behaviours
1.f **Adhere to national, state and local laws, regulatory requirements, and codes of conduct for midwifery practice**	• National/state/local laws and regulations regarding midwifery practice • National/state/local standards of midwifery practice • National/state/local professional ethics and codes of conduct for midwives • ICM's midwifery philosophy, values, code of ethics	• Identify any gaps in national/state/local laws and regulations for midwifery practice in relation to ICM's Core Documents (e.g. International Definition and Scope of Practice of the Midwife, Philosophy and Model of Midwifery Care, International Code of Ethics, Bill of Rights for Women and Midwives, Global Standards, Position Statements • Practise according to legal requirements, ICM's midwifery philosophy, values, standards and ethical principles (including capacity, privacy and confidentiality, consent, conflict of interest, duty of care, dignity and privacy) • Meet requirements for entry and maintenance of midwifery registration • Protect privacy and confidentiality of oral information and written records • Maintain records of care in the manner required by the health authorities • Comply with all local reporting regulations for birth and death registration • Recognise violations of laws, regulations, and codes of ethics at local and national level and take appropriate action • Report and document incidents and adverse outcomes as required while providing care

	Knowledge	Skills & Behaviours
1.g **Uphold fundamental human rights of individuals when providing midwifery care**	• Principles, laws and codes that protect human rights • Human right to be treated equally, regardless of sex, race, ethnicity, nationality, class, caste, religion, beliefs, gender, language, sexual orientation, age, health or marital status • Sexual and reproductive health and rights (SRHR) across the reproductive life cycle • Health equity, human rights and respectful care within midwifery practise • Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC)	• Provide information to adolescents and women about their sexual and reproductive health and rights • Inform women about the scope of midwifery practice and responsibility of midwives to uphold women's rights • Inform people seeking care about eligible services in alignment with their sexual and reproductive health needs and rights • Advocate for the rights of women and families to access eligible services, get evidence-based information and make their own choices • Treat women and girls across the reproductive life course with dignity and respect and in a non-judgmental and non-discriminatory manner
1.h **Support women to make choices and decisions about care**	• Cultural norms and practices surrounding sexuality, sexual practices, marriage, the childbearing continuum, and parenting • Principles of partnership and empowerment, including shared decision making • Self-care interventions for women for health and wellbeing • Methods of translating health information to individuals, groups, communities • Sexual and reproductive health and rights (SRHR) choices available to women • Principles of informed choice and consent, and procedures for obtaining women's consent or refusing care	• Support women in developing their health literacy • Advocate for and support women to be the central decision makers in their care • Assist women to identify their needs and preferences throughout the course of care • Support women to make informed decisions • Provide information and anticipatory guidance about sexual and reproductive health rights (SRHR) to assist women's decision making • Collaborate with women in developing a comprehensive plan of care that respects their preferences and decisions • Support women to manage their health within the constraints of the health system

	Knowledge	Skills & Behaviours
1.i **Demonstrate respectful and effective interpersonal communication with women and families, health care professionals, teams, and community groups**	• Role and responsibilities of midwives and other health providers in sexual and reproductive health, maternal and adolescent health • Principles of respectful and effective communication (including, but not limited to, listening, speaking, documenting, writing and digital skills) • Cultural practices and beliefs related to childbearing and sexual and reproductive health and rights (SRHR) • Principles of communication in challenging circumstances (e.g. grief and loss, emergencies) • Principles of effectively working and communicating in health care teams and with community groups	• Communicate in an open, honest, clear and timely manner • Respect others' points of view • Promote the expression of diverse opinions and perspectives • Manage tensions and conflict constructively • Use the preferred language of the woman or an interpreter (including sign language) to maximise communication • Establish ethical and culturally appropriate boundaries between professional and non-professional relationships • Apply principles of cultural safety, equity, diversity and inclusion • Demonstrate sensitivity, compassion and empathy for bereaved women and family members • Convey information accurately and clearly • Appropriately respond to the needs of individuals • Document all aspects of care provided according to standard protocols
1.j **Collaborate effectively with other health care professionals**	• Definitions and boundaries of inter- and intra-professional collaboration • Shared decision-making and accountability • Principles of effectively working and communicating in health care teams (e.g. SBAR-tool - Situation, Background, Assessment, Recommendation) • The intersection between midwifery and the roles and responsibilities of other healthcare professionals (e.g. physicians, nurses and other health professionals) and interprofessional teams • Structures and functions of healthcare system, including consultation, referral and transfer pathways and interprofessional teamwork	• Engage in respectful shared decision-making with midwife colleagues and other healthcare providers • Use national consultation and referral guidelines • Establish and maintain collaborative relationships with individuals, agencies, institutions that are part of referral networks • Effectively and safely use digital collaboration tools to share information and ideas (e.g. SBAR-tool) • Document all aspects of care provided according to standard protocols • Manage tensions and conflict constructively • Respect and value other members of the health professional team

	Knowledge	Skills & Behaviours
1.k **Assess the health status, screen for health risks, and promote general health and wellbeing of adolescent girls, women**	• Health needs of adolescents and women related to reproduction • Health needs and conditions that affect (early) adolescent girls and the impacts of "child marriage" • Health conditions that pose risks during reproduction • Health needs of adolescent girls and women, including immunisation, nutrition, sexual health • Determinants of health • Principles and fundamentals of self-care interventions and rights relevant to sexual and reproductive health and rights (SRHR) of adolescent girls and women	• Conduct a comprehensive assessment of sexual and reproductive health and wellbeing needs • Assess risk factors and at-risk behaviour • Obtain a medical history and a comprehensive assessment of health • Order, perform, and interpret laboratory tests and/ or imaging screening tests • Exhibit critical thinking and clinical reasoning informed by evidence when assessing and promoting health and wellbeing • Provide health information and advice tailored to individual circumstances of adolescents, women and families • Collaborate with adolescent girls and women to develop and implement a plan of care
1.l **Prevent and treat common health problems within scope of midwifery practice**	• Common health problems related to sexuality, reproduction and early life • Treatment of common health problems • Strategies, including health education and promotion, to prevent and control the acquisition and transmission of environmental and communicable diseases	• Maintain/promote safe and hygienic conditions for women and newborns • Use universal precautions consistently • Provide options to adolescent girls and women for coping with and treating common health problems • Use technology and interventions appropriately to promote health and prevent secondary complications • Recognise when consultation or referral is indicated for managing identified health problems, including consultation with other midwives • Include women in decision-making about consultation and referral to other healthcare providers and services

	Knowledge	Skills & Behaviours
1.m **Recognise abnormalities and complications and provide appropriate treatment and referral when necessary**	• Complications/pathologic conditions related to health status, including communicable and non-communicable diseases • Emergency interventions/life-saving therapies/first level management including Basic Life Support (BLS), Neonatal Life Support (NLS) training, Emergency Obstetric and Newborn Care (EmONC) • Limits of midwife scope of practice and own experience/ competence • Available consultation and referral systems to access medical and other personnel to collaborate in management of complications • Community/facility plans and protocols for accessing resources in timely manner	• Maintain up-to-date knowledge, life-saving skills and equipment for responding to emergency situations • Recognise signs, symptoms of complications and situations requiring expertise beyond midwife scope of practice/ personal competence of the midwife • Determine the need for immediate intervention and respond appropriately • Provide Emergency Obstetric and Newborn Care (EmONC) including Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) • Implement timely and appropriate intervention, inter-professional consultation and/or timely referral taking account of local circumstances • Maintain appropriate and effective communication with women about nature of problem, actions taken, consultation, referral and transfer of care if indicated • Provide accurate oral and written information to other care providers when referral is made, e.g. SBAR communication tool • Collaborate with other healthcare providers in decision-making if possible and appropriate

	Knowledge	Skills & Behaviours
1.n **Facilitate normal/ physiological birth processes in institutional and community settings, including women's homes**	• Normal biological, psychological, social, and cultural aspects of reproduction and early life • Practices that facilitate and those that interfere with physiological processes, including birth setting and overmedicalisation • Policies and protocols about care of women in facility, community and home settings • Physiological and pathophysiological aspects for the management of the childbirth process to enable quality midwifery care and timely referral to a medical professional in case of pathologies • Online resources for women's and family education in various settings • Community views about and utilisation of health care facilities and place(s) of birth • Determinants of health and health equity (e.g. socio-economic, hereditary, gender) • Fundamentals of environmental health especially in relation to "WASH" (Water, Sanitation and Hygiene) • Health promotion and disease prevention	• Promote and facilitate policies and a work culture that protect the physiological, social and cultural processes of giving birth and enable continuity of care • Utilise human and clinical care resources to provide personalised care for women and their newborns • Exhibit clinical reasoning informed by evidence when promoting normal/physiological birth and wellbeing • Provide health information and advice tailored to individual circumstances of women, families and the community • Support women to adopt healthy behaviours and incorporate health promotion and the prevention of disability, disease and injury into interactions • Provide continuity of care by a midwife or small team of midwives known to the woman

	Knowledge	Skills & Behaviours
1.0 Prescribe, dispense and administer medicines or products	• Basic pharmacology and prescribing • Medicines and products within midwifery scope of practice and according to legal requirements (e.g. drugs for first and second level of care (EmONC) such as uterotonic drugs, antibiotics) • Generic or brand names of medicines, mode of action, indications, routes, dosages, frequency, side-effects, and complications and their management • Calculation of dosages for different medicines • Protocol for administering medicines (oral, parenteral - subcutaneous, intramuscular, intravenous) • Protocol for documentation of medication administered • Infection prevention and waste management protocols	• Confirm allergies, possible drug interactions and/ or contraindications and clinical indication for any pharmaceuticals • Explain the indications, benefits, side-effects and risks of specific medicines/products to the woman, and any alternatives, and obtain consent • Document and administer appropriate medications in line with national guidelines and protocols for BEmONC (e.g. parenteral antibiotics, postpartum haemorrhage (PPH) medication, parenteral anticonvulsants, etc.), including clear information about dosage, frequency and route • Store medication/products safely • Maintain infection prevention and waste management standards • Monitor the woman's response to medication/product, including any side-effects or reactions • Identify and provide emergency management of life-threatening side effects of medicines (e.g. use of calcium gluconate)

	Knowledge	Skills & Behaviours
1.p **Provide midwifery care for women and newborns who are affected by humanitarian crises caused by natural disasters, climate change, pandemics, and human caused conflicts and disasters**	• Sexual and reproductive health needs of refugees, migrants, and internally displaced people • Maternal and newborn health needs of refugees, migrants and internally displaced people • Global health disparities and challenges for specific populations in vulnerable situations • Disaster types and phases of a disaster (mitigation, preparedness, response, recovery), and the impact on sexual, reproductive, maternal, newborn and adolescent health and rights • Principles of humanitarian action, neutrality, and impartiality • National and international strategies for providing sexual, reproductive, maternal, newborn and adolescent health services during crises • Impact of climate change on sexual, reproductive, maternal, newborn and adolescent health and rights • Maternal and newborn health risks (e.g. heatstroke, famine, dehydration, etc.) associated with climate disasters and crises • The Minimum Initial Service Package (MISP) for reproductive health in crises situations • Respectful maternity care in humanitarian settings • Midwives' role in preparedness, response, and recovery in humanitarian settings • The role of midwives in mitigating and responding to climate change	• Support the implementation of the Minimum Initial Service Package (MISP) for reproductive health in humanitarian settings • Adapt clinical skills and protocols to address health needs arising from specific climate disasters (e.g. managing heat exhaustion and exposure to extreme heat; nutrition; and portable fluid for pregnant and breastfeeding mothers) • Work creatively with limited resources that may be further strained by climate-related disasters • Adopt a flexible, adaptable approach to navigating personal and professional challenges during times of crisis • Provide support for lactation, and safe newborn, infant and young child feeding in crisis settings • Provide and promote respectful maternity care in humanitarian settings • Adapt clinical skills and protocols to address health needs in times of disasters • Recognise and address the specific mental health needs of women and newborns affected by humanitarian settings and crises (e.g. anxiety due to displacement or loss of livelihood) • Coordinate and collaborate with other disaster response teams • Provide sexual and reproductive health services in humanitarian settings

CATEGORY 2

Sexual and Reproductive Health and Rights

Competencies in this category are about the midwife's broader role in sexual and reproductive health care, counselling and education, including contraception, pre-conception and comprehensive abortion care. This care is provided to women, adolescent girls and gender diverse people midwives serve, but also to families and communities, as identified in the ICM International Definition and Scope of Practice of the Midwife.

	Knowledge	Skills & Behaviours
2.a **Provide education on sexual and reproductive health, contraception and family planning**	• Normal biological, psychological, social, and cultural aspects of sexual development, reproduction and early life • Definitions and awareness of intersectionality for biological sex, sex characteristics, gender, gender assigned at birth, gender identity, gender expression, sexual orientation • Socio-cultural aspects of human sexuality • Safe sexual practices, respectful relationships and risk factors for unsafe sexual practices • Screening and detection of communicable and non-communicable diseases (e.g. malaria, HIV/AIDS, STIs, cervical or breast cancers and mental health issues • Health promotion (e.g. menstrual health and hygiene, how to preserve fertility) and disease prevention • Prevention of communicable and non-communicable diseases (e.g. STIs and HIV/AIDS) • Pregnancy options for HIV positive women or couples	• Support adolescents and women to adopt healthy behaviours and incorporate health promotion and the prevention of disease and injury • Implement strategies to help adolescents and women at risk for unintended pregnancy and their partners to choose appropriate contraceptive methods and help them use methods correctly and consistently to prevent unwanted pregnancies • Provide unbiased education, which incorporates evidence-based medicine, including prevention of STIs (condoms, HPV vaccine), LARCs (IUCDs, implants), side effects and managing side effects • Provide health information and advice tailored to individual circumstances of adolescent girls, women and their families • Ensure confidential care and obtain parent or guardian consent when minors are involved and in accordance with local laws for contraceptive services

2.a **(continued)** **Provide education on sexual and reproductive health, contraception and family planning**	• Sexual and reproductive health and rights (SRHR) across the life-course • National/state/local laws and regulations regarding contraception and family planning • Contraception methods (including natural, barrier, injectable, hormonal, implantable; intra-uterine contraceptive devices (IUCD), emergency contraception, sterilisation); comparative effectiveness, medical eligibility criteria and contraindications, risk of pregnancy, benefits, their possible side effects and conditions affecting their use (medical, social, individual circumstances) • Available written and pictorial resources, along with job aids and anatomical models, for effective teaching about contraception and methods and their demonstration • Methods to effectively convey sexual and reproductive health information	

	Knowledge	Skills & Behaviours
2.b **Provide support on natural family planning (NFP) (24) and barrier methods (25)**	• Female and male reproductive anatomy and physiology • Menstrual cycle, changes in symptoms (i.e. cervical mucus and basal body temperature) • Comparative effectiveness, risks and benefits of NFP and barrier methods • Medical eligibility criteria for use of natural NFP in breastfeeding and non-breastfeeding women, and for each barrier method • NFP and barrier methods, requirements and accessories, advantages and disadvantages of each • Protocol for providing instructions/support for use of NFP and barrier methods • Use of job aids and anatomic models for demonstration of methods • Infection prevention and waste management protocols • Self-care instructions for the woman (e.g. monitoring basal temperature)	• Confirm effectiveness/limitations of chosen method with the woman • Review method effectiveness, benefits and risks with the woman • Provide counselling on NFP and barrier methods • Explain to breastfeeding women when to seek an alternative method of contraception • Describe and demonstrate how to use the method, encouraging the woman to demonstrate proper use of the method using a model or herself • Maintain infection prevention and waste management standards

	Knowledge	Skills & Behaviours
2.c **Administer contraceptives within scope of practice**	• Female reproductive anatomy and physiology • Anatomy of the upper arm, including nerves and blood vessels • Menstrual cycle, effect on the menstrual cycle of different contraceptive methods • Contraception methods (including natural, barrier, injectable, hormonal, implantable; intra-uterine contraceptive devices (IUCD), emergency contraception, sterilisation); comparative effectiveness, medical eligibility criteria and contraindications, risks (e.g. of pregnancy), benefits, their possible side effects and conditions affecting their use (medical, social, individual circumstances) • Local protocols for each contraceptive method • Use of job aids and models for demonstration • Management of side-effects and complications • Emergency referral protocols • Infection prevention and waste management protocols • Self-care instructions for the woman	• Confirm the woman meets eligibility and obtain consent for the contraceptive method • Review method effectiveness, benefits, risks side-effects, complications and their management with the woman • Describe how to use the method using job aids and demonstrate using an anatomical model • Verbally inform the woman of the steps of the procedure, what to expect and ask for informed consent • Provide pain management as per protocol • Prepare all supplies for the procedure, check the integrity of the packaging and the expiration dates of methods dispensed on site • Provide contraceptives in alignment with local laws and protocols • Counsel and refer the woman or partner for sterilisation procedure to another provider • Respond to side-effects and complications and refer to other professionals when necessary • Provide counselling and follow-up, support and answer any questions relevant to the concerns and complication during contraceptive uses to prevent unmet family planning needs • Maintain infection prevention and waste management standards • Removal of intrauterine contraceptive device and contraception implant

	Knowledge	Skills & Behaviours
2.d **Provide pre-conception care**	• Anatomy and physiology related to sexual development and reproduction • Socio-cultural aspects of human sexuality • Health and nutrition for pregnancy • Pre-conception health screening and risk factors identification • Screening of women and their partners for genetic history, cancer of reproductive organs and other health problems such as diabetes, hypertension, thyroid conditions, and chronic infections that impact conception and pregnancy • Screening and detection of communicable and non-communicable diseases (e.g. malaria, HIV/AIDS, STIs, cervical or breast cancers and mental health issues • Pregnancy options for HIV positive women or couples • Healthy Timing and Spacing of Pregnancies (HTSP) • Planning pregnancy	• Identify and assist in reducing barriers related to accessing and using sexual and reproductive health services • Assess health and risk factors before conception • Perform screening procedures for sexually transmitted and other infections, HIV, cervical cancer • Provide counselling about nutritional supplements such as iron and folic acid, dietary interventions, exercise, updating immunisations as needed, modifying risk behaviours, and prevention of sexually transmitted infections, family planning and methods of contraception • Provide counselling on preconception care for women with complex medical diseases, and/or history of previous terminations, miscarriages, pregnancy loss and concealed pregnancies • Provide information and support biological, emotional and social aspects for planning pregnancy

	Knowledge	Skills & Behaviours
2.e **Care for girls and women who experience physical and sexual violence and abuse**	• WHO guidelines on the care for gender-based violence (GBV) survivors • Signs and symptoms from individual history and examination suggestive of risk for gender-based violence (GBV) female genital mutilation (FGM), intimate partner violence (IPV) or sexual violence • Socio-cultural, behavioural, and economic conditions that often accompany violence and abuse • Resources in community to counsel, manage and support individuals with sexual problems, risk of GBV, FGM, IPV or sexual violence • Impact of violence and abuse on the physical, social, psychological, spiritual and cultural wellbeing of women who disclose violence • Gender inequality and how this influences gender-based violence • Principles of confidentiality, privacy and data security • Signs of safe sexual practices and risk factors for unsafe sexual practices and for signs of GBV, FGM, IPV or sexual violence • Type and timing of testing and treatment for sexual assault survivors • Legal responsibilities and duty of care for midwives in identifying, referring or reporting needs of GBV, FGM, IPV or sexual violence survivors	• Provide information to all women about sources of help regardless of whether there is disclosure about violence • Inquire routinely about safety at home, at work, etc. • Create safe opportunities for the woman to disclose abuse/ violence • Recognise potential signs of abuse from physical appearance, emotional effect, and related risk behaviours such as substance abuse • Provide special support for adolescent girls and victims of gender-based violence including rape • Ensure evidence is collected in case the woman wants to prosecute • Ensure access to emergency contraceptives and PEP (post-exposure prophylaxis)

	Knowledge	Skills & Behaviours
2.f **Provide comprehensive abortion care within local laws**	• Complexity of decision-making about unintended or mistimed pregnancies • Emergency contraception • Legal options for induced abortion; eligibility and availability of medication and surgical abortion services • Abortion methods (including cervical preparation, medication abortion, vacuum aspiration, dilatation and evacuation), comparative effectiveness, medical eligibility criteria and contraindications, benefits and risks for each method • Medications used to induce abortion; properties, effects and side effects • Risks of unsafe abortion • Contraception methods appropriate for the post-abortion period • Care and support (physical and psychological) needed during and after abortion • Management of side-effects and complications • Emergency referral protocols • Self-care instructions (e.g. monitoring vaginal discharge)	• Confirm pregnancy and determine gestational age; refer for ultrasound if unknown gestation and/or symptoms of ectopic pregnancy • Recognise the woman's right to decide for herself to have an abortion • Provide information and counsel the woman about options to maintain or end the pregnancy and respect the ultimate decision • Recognise the emotional, psychological and social support which may be needed by the woman and respond appropriately • Provide supportive antenatal care if woman decides to continue the pregnancy (e.g. refer to agencies, and social services for support and assistance when needed) • Provide information about abortion methods (including cervical preparation, medication abortion, vacuum aspiration, dilatation and evacuation), their effectiveness, benefits, risks, side-effects, complications and their management, and when to seek help • Provide information about laws and regulations, eligibility, and access to abortion services • Identify from obstetric, medical and social history, contraindications to medication or aspiration methods • Verbally inform the woman of the steps for using the self-managed/ administered medication abortion method and what to expect • Confirm the woman's eligibility and consent for the method, including for emergency contraception and post-abortion family planning and contraceptive method

2.f **(continued)** **Provide comprehensive abortion care within local laws**		• Provide abortion methods according to scope of practice or refer for abortion procedure or any further treatment that may be required • Manage complications and implement referral when required • Provide pre- and post-abortion care (e.g. confirm expulsion of products of conception from history, ultrasound or levels of HCG; remove retained products of conception and implement referral when required) • Provide the woman (and where appropriate her partner) with education concerning her future health, including contraception and planning for future pregnancy • Assess psychological response to abortion and refer when required • Prescribe, dispense and administer medicines or products according to local protocols • Provide pain management

CATEGORY 3

Antenatal Care

Competencies in this category are about health assessment of the woman and fetus, promotion of health and wellbeing, detection of complications during pregnancy, and care of women with an unexpected pregnancy.

	Knowledge	Skills & Behaviours
3.a **Determine health status of women and assess pregnancy**	• Basic anatomy and physiology related to reproduction and embryology • Reproductive cycle and stages of development • Physiology of menstrual and ovulatory cycle • Signs and symptoms of pregnancy • Risk factors associated with pregnancy (e.g. ectopic pregnancy, anaemia, STIs, genetic factors, lifestyle and environmental risks, etc.) • Maternal mental health risks and early diagnosis • Components of a comprehensive health history including psycho-social responses to pregnancy • Components of complete physical exam • Screening tests and normal parameters • Collecting laboratory specimens (including how to prepare the woman) and performing indicated tests, including ultrasound examinations • Health conditions including infections and genetic conditions detected by screening blood and biologic samples • Clinical indications and conditions for abdominal and pelvic/vaginal ultrasound examinations • Standards for Rhesus (Rh) testing and administration of Rh-immunoglobulin	• Confirm pregnancy and estimate gestational age from history, physical exam, laboratory test and/or ultrasound • Obtain a comprehensive health history (including emotional/ mental health assessment) • Determine if the pregnancy is planned and address any related concerns • Perform a complete physical examination • Explain the use of laboratory tests, ultrasound diagnostic tests or procedures that are indicated by the woman's history and examination, including risks and benefits • Obtain samples for laboratory tests (e.g. venepuncture, finger puncture, urine samples, and vaginal swabs) • Determine whether there are indications for additional assessment/examination and refer if abnormalities or variations from normal are detected • Provide information about conditions that may be detected by screening (e.g. non-invasive prenatal test (NIPT)) and support ethical thinking and decision making • Discuss findings and potential implications with the woman and mutually determine plan of care

	Knowledge	Skills & Behaviours
3.b **Assess fetal wellbeing**	• Placental physiology, embryology, fetal growth and development, and indicators of fetal wellbeing (including multiple pregnancies) • Fetal movement patterns • Complications and referral policies • Evidence-based guidelines for use of technologies within scope of practice to assess fetal wellbeing (e.g. pinard stethoscope, doppler ultrasound, cardiotocography (CTG), (AI-assisted) ultrasound scan)	• Use tools and technologies within scope of practice to assess fetal wellbeing (e.g. pinard stethoscope, doppler ultrasound, cardiotocography (CTG), (AI-assisted) ultrasound scan) • Assess fetal size, amniotic fluid volume, fetal position, activity, and heart rate through physical examination of the maternal abdomen (including multiple pregnancies) or ultrasound if available and/or indicated • Determine whether there are indications for additional assessment/examination and refer if abnormalities or variations from normal are detected • Assess fetal movements and educate women on normal patterns of movement and when to seek help

	Knowledge	Skills & Behaviours
3.c **Monitor and assess progression of pregnancy**	• Anatomical and physiological changes with advancing pregnancy • Nutritional requirements of pregnancy • Common physiological responses to pregnancy and symptoms of mental health distress • Evidence informed antenatal care policies and guidelines, including frequency of antenatal visits • Pregnancy related complications and high-risk pregnancies • Referral policies for pregnancy related complications and high-risk pregnancies	• Use tools and technologies within scope of practice to monitor and assess progression of pregnancy • Perform abdominal palpation and measure fundal height • Provide information regarding physiological (normal) progress of pregnancy to the woman, her partner, family members, or other support persons, including those related to fetal movements • Use evidence-based information to suggest measures to cope with common discomforts of pregnancy • Provide evidence-based information (including written, digital and/or pictorial) about danger signs, (e.g. vaginal bleeding, signs of preterm labour, prelabour rupture of membranes, changed fetal movements), emergency preparedness, and when and where to seek help • Identify early onset of pregnancy-related complications and intervene, consult and refer as appropriate • Provide emergency services in first and second level of care and refer when appropriate (EmONC) • Review findings and revise plan of care with the woman as pregnancy progresses • Refer when required

	Knowledge	Skills & Behaviours
3.d **Promote and support health behaviours that improve wellbeing**	• Impact of adverse social, environmental, and economic conditions on maternal-fetal health • Effects of inadequate nutrition and heavy physical work • Effects of tobacco use and exposure to second-hand smoke, use of alcohol, vaping, chewed tobaccos and addictive drugs • Effects of prescribed medications on fetus • Community resources for income support, food access, and programmes to minimize risks of substance abuse • Strategies to prevent or reduce risks of mother-to-child disease transmission including newborn and infant feeding options for HIV infection • Effects of gender-based violence, emotional abuse, and physical neglect • Referral agencies for additional support	• Provide emotional support to women to encourage change in health behaviour • Provide information to the woman and family about impact on mother and fetus of risk conditions • Counsel women about and offer referral to appropriate persons or agencies for assistance • Respect women's decisions about participating in treatments and programmes • Make recommendations and identify resources for smoking reduction/cessation in pregnancy • Refer to relevant organisations to provide additional support and care

	Knowledge	Skills & Behaviours
3.e **Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and change in the family**	• Needs of women and families for different information at different times in their respective life cycles • Methods of providing information to women and groups • Methods of eliciting maternal feelings and expectations for self, newborn, and family • Physiology of lactation and breastfeeding • Preparing for parenthood, emphasising the emotional, psychological, social and financial changes	• Participate in—and refer women and support persons to—childbirth education programmes • Convey information accurately and clearly and respond to needs of women • Inform and prepare the woman, partner, and family to recognise labour onset, when to seek care, and progress of labour • Provide information on sexuality and intimate relationships after birth and during postpartum including contraception needs • Encourage breastfeeding for newborn and infant health • Provide information about care of newborns and who to refer to in case of concerns or problems • Identify needs or problems requiring further expertise or referral such as perinatal mental health problems and dysfunctional relationships • Provide guidance for women with known fetal complexities within the multidisciplinary team

	Knowledge	Skills & Behaviours
3.f **Detect, stabilise, manage, and refer women with complicated pregnancies**	• Complications of early pregnancy such as threatened or actual miscarriage, and ectopic pregnancy • Fetal compromise, growth restriction, malposition, preterm labour • Diseases and medications before pregnancy and their effect on pregnancy and foetus (e.g. diabetes, neurological diseases such as migraine, epilepsy, autoimmune diseases, blood diseases, etc.) • Signs and symptoms of maternal pathologic conditions such as pre-eclampsia, gestational diabetes, hypertensive disorders and other systemic illnesses • Signs of acute emergencies such as haemorrhage, seizure, and sepsis • Provide emergency services in first and second level of care and refer when appropriate (EmONC) • Signs and symptoms of perinatal mental health conditions	• Deliver life-saving skills to manage complications and stabilise in emergencies before timely referral for treatment as necessary • Counsel and continue to care for women with complications as part of the team • Implement critical care activities to support vital body functions (e.g. intravenous (IV) fluids, magnesium sulphate, antihaemorrhagics) • Prepare the blood transfusion procedure and mobilise blood donors if necessary • Stabilise and transfer to higher level facility if needed

	Knowledge	Skills & Behaviours
3.g **Assist the woman and her family to plan for birth**	• Evidence about birth outcomes in different birthplace settings • Availability of options in specific location, limitations of climate, geography, means of transport, and resources available in facilities • Local policies and guidelines • Women's rights and respectful maternity care principles • Birth planning	• Inform and discuss available options, preferences and contingency plans with each woman and partner, support the right of choice and respect their decision • Inform women about her right to be accompanied during labour and birth by a person of her choice • Support the woman in developing a birth plan • Provide information about preparing birth site if in community or home and discuss preparation for travel to identified facility if transfer required • Share evidence-based knowledge around place of birth options and outcomes and promote the availability of a full range of birth settings • Support women to make informed choices regarding place and position for birth • Provide respectful care and uphold women's rights

CATEGORY 4

Care During Labour and Birth

Competencies in this category are about assessment and care of women during labour that facilitate physiological processes and a safe birth, the immediate care of the newborn, detection of complications in mother or newborn, stabilisation of emergencies, and referral as needed.

	Knowledge	Skills & Behaviours
4.a **Promote normal/ physiological labour and birth**	• Anatomy of maternal pelvis and fetus; mechanisms of labour for different fetal presentations • Physiological onset and progression of labour • Evidence informed intrapartum care policies and guidelines, including avoidance of routine interventions in normal labour and birth • Physical, emotional and psychological support in labour • Cultural norms related to labour and birth • Signs and behaviours of labour progress; factors that impede labour progress • Tools for monitoring progress of labour (e.g. partograph) • Methods of assessing fetus during labour • Pain management	• Provide care for a woman in the birth setting of her choice, following evidence-based practice • Obtain relevant obstetric and medical history • Perform and interpret focused physical examination of the woman and fetus • Order and interpret laboratory tests if needed • Use tools and technologies for intermittent or continuous (if required because of labour status) monitoring of fetal wellbeing (e.g. pinard stethoscope, doppler ultrasound, CTG monitoring) • Assess the woman's physical and behavioural responses to labour • Provide information, support, and encouragement to the woman and support persons throughout labour and birth • Provide respectful one-to-one care and facilitate shared decision making with women • Offer a companion of choice for all women throughout labour and childbirth • Encourage freedom of movement and birthing positions

4.a **(continued)** **Promote normal/ physiological labour and birth**		• Provide nourishment and fluids • Offer and support the woman to use strategies for coping with labour pain, e.g. controlled breathing, water immersion, relaxation, massage, acupressure, position changes, movement and pharmacologic modalities when needed • Regularly assess parameters of maternal-fetal status, and e.g. vital signs, contractions, cervical changes and fetal descent • Use labour progress graphic display (e.g. partograph) to record findings and assist in detecting complications • Augment uterine contractility judiciously using non-pharmacological or pharmacological agents to prevent non-progressive labour • Prevent unnecessary routine interventions, (e.g. amniotomy, CTG monitoring, directed closed glottis pushing, episiotomy)

	Knowledge	Skills & Behaviours
4.b **Manage a safe, spontaneous vaginal birth, prevent and manage complications**	• Physiology and process of safe, spontaneous vaginal birth. • Evidence about conduct of third stage, including use of uterotonics • Scoring systems to assess maternal status (e.g. Modified Early Obstetric Warning Scores (MEOWS) and newborn charts (Newborn Early Warning Scores (NEWS)) • Pathology and signs of complications and their immediate treatment (e.g. prolonged/obstructed labour, shoulder dystocia, excessive bleeding, fetal compromise, eclampsia, placental separation, retained placenta) • Management of emergencies as covered in emergency skills training programmes such as BEmONC , Helping Mothers Survive (HMS), Helping Babies Survive (HBS) • Appearance of normal placenta, membranes and umbilical cord • Types of perineal and vaginal trauma requiring repair and suturing techniques	• Support the woman to give birth in her position of choice • Offer a companion of choice for all women throughout labour and childbirth • Ensure clean environment, presence of clean necessary supplies and source of warmth • Coach the woman about pushing to control expulsion of presenting part, avoid routine episiotomy • Undertake appropriate manoeuvres, use maternal position to facilitate vertex, occipito-posterior, occipito-transverse or breech birth • Assist vaginal birth via vacuum extraction, noting local regulations • Expedite birth in presence of fetal distress • Provide optimal cord clamping depending on condition of newborn • Manage nuchal cord • Assess immediate condition of newborn • Provide skin to skin contact and warm environment • Deliver placenta and membranes and inspect for completeness • Assess uterine tone, maintain firm contraction, and estimate and record maternal blood loss; manage excessive blood loss including administration of uterotonic drugs and manual removal of the placenta noting local policies, guidelines and regulatory authorities • Inspect vaginal and perineal areas for trauma, and repair as needed, following local policies and protocols • Educate women on danger signs after birth • Refer to specialist for continuing treatment of any complications as needed

	Knowledge	Skills & Behaviours
4.c **Provide care of the newborn immediately after birth**	• Anatomical and physiological transition to extra-uterine environment • Scoring systems to assess newborn status including assessment of newborns with different skin colours (APGAR scores and Newborn Early Warning Scores (NEWS)) • Pathology in the newborn and signs indicating need for immediate actions to assist transition (e.g. infectious diseases, congenital abnormalities, hypoglycaemia, jaundice, etc.) • Interventions to establish breathing and circulation as covered in Essential Newborn Care programmes (e.g. HBS, BEmONC/CEmONC) • Appearance and behaviour of healthy newborns • Needs of small for gestational age, low and high birth weight newborns • Preterm guidelines and (Immediate) Kangaroo Mother Care (IKMC and KMC) for preterm and low birth weight newborns • Family-centred model of care	• Promote family-centred care including birth companion in delivery room and involvement of mother and families in care of small and sick newborn care • Use standardised method to assess newborn condition in the first minutes of life (APGAR scores and NEWS) and refer if needed • Start breastfeeding immediately after birth • Distinguish normal variation in newborn appearance and behaviour from those indicating pathologic conditions • Provide actions to establish and support breathing and oxygenation (e.g. neonatal resuscitation with bag and mask), continuous positive airway pressure (CPAP), refer to specialist for continuing treatment as needed • Provide a safe, warm environment for initiating early breastfeeding and attachment (bonding, continuous skin-to-skin) in the first hour of life • Practise zero separation of mother and baby in birthing room, operating theatre and post-natal wards • Initiate IKMC and KMC for preterm and low birth weight babies • Conduct a complete physical examination of newborn in presence of mother/family; explain findings and expected changes e.g. colour of extremities, moulding of head. Refer to specialist for abnormal findings • Institute newborn prophylaxis e.g. ophthalmic infection and haemorrhagic disease, according to local policies and guidelines • Promote care by mother, frequent feeding and close observation • Involve partner/support persons in providing newborn care and pay attention to parent-newborn interaction • Support mother-baby dyad during transfers or referrals

CATEGORY 5

Ongoing Care of Women and Newborns

Competencies in this category address the continuing health assessment of women and newborns, health education, support for breastfeeding, detection of complications, stabilisation and referral in emergencies, and provision of family planning services.

	Knowledge	Skills & Behaviours
5.a **Provide postnatal care for the healthy woman**	• Physiological changes following birth, uterine involution, onset of lactation, healing of perineal-vaginal tissues • Common discomforts of the postnatal period and comfort measures • Need for rest, support, and nutrition to support lactation • Psychological responses to mothering role, addition of newborn to the family • Postnatal family planning • Maternal mental health	• Review history of pregnancy, labour, and birth of women • Conduct a focused physical exam to assess breast changes and involution of the uterus. Monitor blood loss and other body functions and act when signs are abnormal • Assess breastfeeding technique and provide ongoing support • Promote bonding between mother and newborn • Assess maternal mental health and feelings about motherhood and demands of newborn care • Assess social circumstances and possible need for support • Provide perinatal and maternal mental health care • Provide pain control strategies if needed for uterine contractions, and perineal trauma • Provide information about self-care that enables mother to meet needs of newborn, e.g. adequate food, nutritional supplements, usual activities, rest periods and household help • Provide respectful counselling about sexuality and intimate relationships, safe sex, contraception methods appropriate for the immediate postnatal period, and pregnancy spacing • Provide contraception in postnatal period

	Knowledge	Skills & Behaviours
5.b **Provide care to healthy newborns**	• Appearance and behaviour of newborns in early life; cardio-respiratory changes related to adapting to extra-uterine life • Concepts of Kangaroo Mother Care (KMC) • Growth and development in initial weeks and months of life (early child development (ECD), or the first 1000 days of life) • Protocols for screening for metabolic conditions, infectious conditions, and congenital abnormalities • Protocols/guidelines for immunisations in infancy • Evidence-based information about infant circumcision; family values, beliefs, and cultural norms	• Examine newborn at interval determined by local policy and guidelines to monitor and document growth and developmental behaviour • Distinguish normal variation in newborn appearance and behaviour from those indicating pathologic conditions • Provide respectful Early Essential Newborn Care, identify danger signs of newborn and provide care and referral as needed • Provide Kangaroo Mother Care (KMC) as required • Administer immunisations, carry out screening test as indicated • Provide information to parents about a safe environment for newborns, frequent feeding to prevent jaundice, care of umbilical cord, routine eye care, voiding and stooling, close physical contact, and safe sleeping practices

	Knowledge	Skills & Behaviours
5.c **Promote and support breastfeeding**	• Physiology of lactation • Nutritional needs of newborns, including low birth weight newborns • Social, psychological, and cultural aspects of breastfeeding • Indications and contraindications to use of drugs and substances during lactation • Awareness of lactation aids • Breastfeeding-friendly regulations and policies (UNICEF, BFHI, WHO International Code of Marketing of Breast-milk Substitutes)	• Promote early initiation and exclusive breastfeeding during first 6 months, and continued breastfeeding alongside complementary foods for two years or longer, while being sensitive to the woman's individual needs and respecting the woman's goals regarding newborn feeding • Provide information about newbornneeds, frequency and duration of feedings, and weight gain • Provide support and information about breastfeeding for a minimum of six months, including combining with paid employment, maintaining milk supply, and storing breast milk • Identify and manage breastfeeding problems (e.g. mastitis, low milk supply, engorgement, poor latch) • Provide information to women breastfeeding multiple newborns • Provide support to non-breastfeeding women • Provide support to women with HIV/STIs for breastfeeding and newborn feeding • Refer women to breastfeeding support as indicated • Advocate for breastfeeding in family and community

	Knowledge	Skills & Behaviours

5.d
Detect, treat, and stabilise postnatal complications in women and refer as necessary
	• Signs and symptoms of:
	  • conditions in postnatal period that may respond to early intervention (e.g. sub-involution, anaemia, urinary retention, and localised infection)
	  • complications that need referral to more specialised provider or facility (e.g. haematoma, thrombophlebitis, sepsis, obstetric fistula, and incontinence)
	  • life-threatening complications requiring immediate response and specialised care (haemorrhage, amniotic fluid embolus, seizure and stroke)
	• Signs and symptoms of postnatal depression, anxiety and psychosis
	• Mourning process following perinatal death
	• Referral policies
		• Provide information to the woman and family about signs of wellbeing and normal healing, potential complications and when to seek help
		• Assess the woman during postnatal period to detect signs and symptoms of complications
		• Counsel for mood disorders, distinguish postnatal depression from transient anxiety about caring for newborn, assess availability of help and support at home, and provide emotional support
		• Provide counselling and follow-up care for women and family members who experience stillbirth, neonatal death, serious newborn illness and congenital conditions
		• Provide first level measures to treat or stabilise identified conditions
		• Provide emergency services in first and second level care and refer when appropriate (EmONC)
		• Arrange referral and/or transfer as needed

	Knowledge	Skills & Behaviours
5.e **Detect, stabilise, and manage health problems in newbornsand refer if necessary**	• Healthy newborn, expected weight gain and behaviour • Congenital anomalies, genetic conditions and pathological jaundice • Needs of pre-term and low birth weight newborns, needs of large for gestational age and high birth weight newborns • Symptoms and treatment of withdrawal from maternal drug use • Vertical transmission of infections such as HIV, hepatitis B and C • Signs and symptoms of common health problems and complications; their immediate and ongoing treatment	• Provide information to the woman and family about potential complications and when to seek help • Assess newborn health and development during postnatal period to detect signs and symptoms of complications (e.g. respiratory distress, neonatal encephalopathy) • Provide first line measures to treat or stabilise identified conditions • Prevent vertical transmission of infections such as HIV, hepatitis B and C • Provide emergency services in first and second level care and refer when appropriate (EmONC) • Arrange referral and/or transfer as needed

Recommended Reading

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- World Health Organization, 2021. WHO labour care guide: user's manual: https://www.who.int/publications/i/item/9789240017566
- World Health Organization, 2016. WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience: https://www.who.int/publications/i/item/9789241549912
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- World Health Organization, 2015. Medical Eligibility Criteria for Contraceptive Use, 5th ed: https://www.who.int/publications/i/item/9789241549158
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- World Health Organization Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), 2022. Knowledge for Health Project. Family Planning: A Global Handbook for Providers: https://www.who.int/publications/i/item/9780999203705
- World Health Organization, 2018. WHO recommendations: intrapartum care for a positive childbirth experience: https://www.who.int/publications/i/item/9789241550215
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al Midwifery Education Toolkit: https://www.qualityofcarenetwork.org/sites/default/files/2022-09/Launch%20of%20the%20Essential%20Childbirth%20Care%20Course%20-%2027%20April%202022.pdf

- WHO, UNICEF, UNFPA, AMDD, 2009. Monitoring emergency obstetric care: a handbook: https://books.google.be/books?hl=nl&lr=&id=oig4bwOXXeIC&oi=fnd&pg=PP2&ots=tzc1mE1wKb&sig=btg74Y-iMa1TwBq26AupTuu0HfYo&redir_esc=y#v=onepage&q&f=false
- United Nations, ND. Sustainable Development Goals: https://sdgs.un.org/goals
- Women's Refugee Commission, ND. Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: https://www.unhcr.org/sites/default/files/legacy-pdf/4e8d6b3b14.pdf
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(24) *Natural Family Planning include fertility awareness-based (FAB) methods, lactational amenorrhoea method (LAM) and coitus interruptus/withdrawal. FAB methods "involve identification of the fertile days of the menstrual cycle, whether by observing fertility signs such as cervical secretions and basal body temperature (i.e. symptoms-based methods) or by monitoring cycle days (calendar-based methods).*

(25) *Barrier methods: e.g. male and female condoms, spermicide, sponge, diaphragm, cervical cap*